

See "Instructions for Filling out the Work Permit" contained in the Work Planning and Control for Experiments and Operations Subject Area.

1. Work request WCC fills out this section.
☐ Standing Work Permit

Requester: Carter Biggs	Date: 7/20/2016	Ext.: 7515	Dept/Div/Group: PO/PHENIX
Other Contact person (if different from requester): Carter Biggs		Ext.: 5301	
Work Control Coordinator: Rob Pisani	Start Date: 7/20/2016	Est. End Date: 11/1/2016	
Brief Description of Work: Removal of PHENIX DC & PC1 detector subsystems (east and west) as part of the overall PHENIX Removal & Repurposing (R&R) plan			
Building: 1008	Room: IR & AH	Equipment: PHENIX north and south DC's & PC1's	Service Provider: PHENIX Techs, Engineers & Subsystem Experts, PHENIX Electrician, C-A Carpenters and Riggers

2. WCC, Requester/Designee, Service Provider, and ESSH (as necessary) fill out this section or attach analysis

ESSH ANALYSIS			
Radiation Concerns	<input type="checkbox"/> None	<input checked="" type="checkbox"/> Activation	<input type="checkbox"/> Airborne Contamination
	<input type="checkbox"/> Radiation	<input type="checkbox"/> NORM	<input type="checkbox"/> Other
<input type="checkbox"/> Special nuclear materials involved, notify Isotope Special Materials Group		<input type="checkbox"/> Fissionable/Radiological materials involved, notify Laboratory Nuclear Safety Officer	
Radiation Generating Devices:	<input type="checkbox"/> Radiography	<input type="checkbox"/> Moisture Density Gauges	<input type="checkbox"/> Soil Density Gauges
	<input type="checkbox"/> X-ray Equipment		
Safety and Security Concerns	<input type="checkbox"/> None	<input type="checkbox"/> Explosives	<input type="checkbox"/> Transport of Haz/Rad Material
	<input type="checkbox"/> Pressurized Systems		
<input type="checkbox"/> Adding/Removing Walls or Roofs	<input type="checkbox"/> Critical Lift	<input type="checkbox"/> Fumes/Mist/Dust*	<input type="checkbox"/> Magnetic Fields*
<input type="checkbox"/> Asbestos*	<input type="checkbox"/> Cryogenic	<input type="checkbox"/> Heat/Cold Stress	<input type="checkbox"/> Nanomaterials/particles*
<input type="checkbox"/> Beryllium*	<input type="checkbox"/> Electrical	<input type="checkbox"/> Hydraulic	<input type="checkbox"/> Noise*
<input type="checkbox"/> Biohazard*	<input checked="" type="checkbox"/> Elevated Work	<input type="checkbox"/> Lasers*	<input type="checkbox"/> Non-ionizing Radiation*
<input type="checkbox"/> Chemicals/Corrosives*	<input type="checkbox"/> Excavation	<input type="checkbox"/> Lead*	<input type="checkbox"/> Oxygen Deficiency*
<input type="checkbox"/> Confined Space*	<input type="checkbox"/> Ergonomics*	<input type="checkbox"/> Material Handling	<input type="checkbox"/> Penetrating Fire Walls
	<input type="checkbox"/> Vacuum		
Ladder Access Required: <input checked="" type="checkbox"/> Portable Ladder <input type="checkbox"/> Fixed Ladder- Status/Restrictions:			
* Safety Health Rep. Review Required		<input type="checkbox"/> Haz, Rad, Bio Material Exceed DOE 151.1-C Levels - Contact OEM	
		<input type="checkbox"/> Other	
Environmental Concerns		<input checked="" type="checkbox"/> None	
		<input type="checkbox"/> Work impacts Environmental Permit No.	
<input type="checkbox"/> Atmospheric Discharges (rad/non-rad/GHG)	<input type="checkbox"/> Land Use Institutional Controls	<input type="checkbox"/> Soil Activation/contamination	<input type="checkbox"/> Waste-Mixed
<input type="checkbox"/> Chemical or Rad Material Storage or Use	<input type="checkbox"/> Liquid Discharges	<input type="checkbox"/> Waste-Clean	<input type="checkbox"/> Waste-Radioactive
<input type="checkbox"/> Cesspools (UIC)	<input type="checkbox"/> PCB Management	<input type="checkbox"/> Waste-Hazardous	<input type="checkbox"/> Waste-Regulated Medical
<input type="checkbox"/> High water/power consumption	<input type="checkbox"/> Spill potential	<input type="checkbox"/> Waste-Industrial	<input type="checkbox"/> Historical Environmental Hazards
Waste disposition by:		<input type="checkbox"/> Other	
Pollution Prevention (P2)/Waste Minimization Opportunity: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Environmental Preferable Products Available: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
FACILITY CONCERNS		<input checked="" type="checkbox"/> None	
		<input type="checkbox"/> Intermittent Energy Release	
<input type="checkbox"/> Access/Egress Limitations	<input type="checkbox"/> Electrical Noise	<input type="checkbox"/> Potential to Cause a False Alarm	<input type="checkbox"/> Vibrations
<input type="checkbox"/> Credited Controls (Use USI Process)	<input type="checkbox"/> Impacts Facility Use Agreement	<input type="checkbox"/> Temperature Change	<input type="checkbox"/> Other
<input type="checkbox"/> Configuration Management	<input type="checkbox"/> Maintenance Work on Ventilation Systems	<input type="checkbox"/> Utility Interruptions	
WORK CONTROLS			
Work Practices			
<input type="checkbox"/> None	<input type="checkbox"/> Exhaust Ventilation	<input checked="" type="checkbox"/> Lockout/Tagout	<input type="checkbox"/> Spill Containment
	<input type="checkbox"/> Security (see Instruction Sheet)		
<input checked="" type="checkbox"/> Back-up Person/Watch	<input type="checkbox"/> HP Coverage	<input type="checkbox"/> Posting/Warning Signs	<input type="checkbox"/> Time Limitation
	<input type="checkbox"/> Other		
<input type="checkbox"/> Barricades	<input type="checkbox"/> IH Survey	<input type="checkbox"/> Scaffolding-req's inspection	<input type="checkbox"/> Warning Alarm (i.e. "high level")
	<input type="checkbox"/> Electrical Inspection Required		
Personal Protective Equipment			
<input type="checkbox"/> None	<input type="checkbox"/> Ear Plugs	<input checked="" type="checkbox"/> Gloves, as necessary	<input type="checkbox"/> Lab Coat
	<input type="checkbox"/> Safety Glasses, where req'd		
<input type="checkbox"/> Coveralls	<input type="checkbox"/> Ear Muffs	<input type="checkbox"/> Goggles	<input type="checkbox"/> Respirator*
	<input type="checkbox"/> Safety Harness		
<input type="checkbox"/> Disposable Clothing	<input type="checkbox"/> Face Shield	<input checked="" type="checkbox"/> Hard Hat, as req'd	<input type="checkbox"/> Shoe Covers
	<input checked="" type="checkbox"/> Safety Shoes, as req'd	<input type="checkbox"/> High visibility cloths/vest	<input type="checkbox"/> Other
Permits Required (Permits must be valid when job is scheduled.)			
<input checked="" type="checkbox"/> None	<input type="checkbox"/> Cutting/Welding	<input type="checkbox"/> Impair Fire Protection Systems	
<input type="checkbox"/> Concrete/Masonry Penetration	<input type="checkbox"/> Digging/Core Drilling	<input type="checkbox"/> Rad Work Permit-RWP No	
<input type="checkbox"/> Confined Space Entry	<input type="checkbox"/> Electrical Working Hot	<input type="checkbox"/> Other Confined Space 2A certification	
Dosimetry/Monitoring			
<input checked="" type="checkbox"/> None	<input type="checkbox"/> Heat Stress Monitor	<input type="checkbox"/> Real Time Monitor	<input type="checkbox"/> TLD
<input type="checkbox"/> Air Effluent	<input type="checkbox"/> Noise Survey/Dosimeter	<input type="checkbox"/> Self-reading Pencil Dosimeter	<input type="checkbox"/> Waste Characterization
<input type="checkbox"/> Ground Water	<input type="checkbox"/> O ₂ /Combustible Gas	<input type="checkbox"/> Self-reading Digital Dosimeter	<input type="checkbox"/> Other
<input type="checkbox"/> Liquid Effluent	<input type="checkbox"/> Passive Vapor Monitor	<input type="checkbox"/> Sorbent Tube/Filter Pump	
Training Requirements (List specific training requirements)			
PHENIX Awareness, C-A Access, Working at heights, Electrical Safety I, LOTO as appropriate			
Work screening has identified the following as the reason for permitted work:		When work is categorized as worker planned work and a permit is used only the following signatures are required: (Although allowed, there is no need to use back of form)	
<input type="checkbox"/> ESSH		WCC: _____ Date: _____	
<input type="checkbox"/> Complexity		Service Provider: _____ Date: _____	
<input checked="" type="checkbox"/> Work Coordination		Authorization to start: _____ Date: _____	
<input type="checkbox"/> Permit Not Required (Sections 3 through 7 optional)		(Department/Division, or their equivalent, Sup/WCC/Designee)	

3. Both work requester and service provider contribute to work plan (use attachments for detailed plans)

Work Plan (procedures, timing, equipment, scheduling, coordination, notifications, and personnel availability need to be addressed in adequate detail): During the 2016 PHENIX R&R Shutdown, PHENIX will be performing R&R work to prepare for a new sPHENIX detector. As part of this effort, it is required that the DC and PC detector subsystems (east and west) be removed and disposed of safely at 1008. Most of this work will be worker planned work by skilled PHENIX technicians and appropriately trained BNL bargaining unit personnel. Details of the lifting procedure to remove the DC/PC1 assembly from the east and west carriages is attached.

Special Working Conditions Required (e.g., Industrial Hygiene hold points or other monitoring)
None

Notifications to operations and Operational Limits Requirements: None

Post Work Testing, Notification or Documentation Required: See Attached Plan

Job Safety Analysis Required: ☐ Yes ☒ No

Review Done: ☒ in series ☐ team

Reviewed by: * Primary Reviewer signature (not required for Worker Planned Work) means that the Review Team members were appropriate for the work that was planned, the Team visited the job site, hazards and risks that could impact ESSH have been considered and controls established according to BNL requirements. In addition, this signature indicates that applicable JRAs, FRAs, as well as other planning documents have been reviewed and training requirements have been identified and recorded on this permit.

Title	Name (print)	Signature	Life #	Date
ES&H Professional				
F&O Facility Project Manager				
Service Provider				
Work Control Coordinator	Don Lynch		20146	
Safety Health Representative				
Research Space Manager				
Other				
Other				
Required Walkdown Completed				
*Primary Reviewer				

4. Job site personnel (Supervisor and workers) fill out this section.

Note: Signature indicates personnel performing work have read and understand the hazards and permit requirements (including any attachments) and all training required for this permit is current/complete. Job Supervisor/Contractor Supervisor signatures also includes verification that worker training required for this permit is current/complete.

Job Supervisor:		Contractor Supervisor:	
Workers:	Life#:	Workers :	Life#:

Workers are encouraged to provide feedback on ESSH concerns or on ideas for improved job work flow. Use feedback form or space below.

5. Department/Division, or their equivalent, Line Manager or Designee

Conditions are appropriate to start work: (Permit has been reviewed, work controls are in place and site is ready for job.)

Name:	Signature:	Life#:	Date:
-------	------------	--------	-------

6. Worker provides feedback.

Worker Feedback (use attached sheets as necessary)

a) WCM/WCC: Are there any changes as a result of worker feedback? ☐ Yes ☐ No

Note: See Work Planning and Control for Experiments and Operations Subject Area section 2.6.

7. Post Job Review/Closeout: Work Control Coordinator (authorizing dept.) checks quality of completed permit and ensures the work site is left in an acceptable condition. (WCC can delegate clean up of job site to work supervisor.) The WCC ensures that the change process to update drawings, placards, postings, procedures, etc., is initiated, if necessary.

Name:	Signature:	Life#:	Date:
Comments:			

Introduction

Safe handling of the Drift Chamber (DC) and Pad Chamber (PC) Assembly while removing from the PHENIX Detector Carriage will eliminate danger to workers at Brookhaven National Laboratory (BNL). This procedure will provide detailed instructions for safe removal of the detector assembly from the PHENIX East and West Carriages (procedure is the same for both carriages).

1.0 Purpose & Scope

The purpose of this procedure is to provide directions for handling and removing the DC/PC Assembly. It applies to BNL personnel, outside contractors, contract labor and to personnel designated to operate equipment covered by this procedure.

Safety standards provided by BNL for Material Handling (1.6.0) and required training and certification (1.6.1) will apply. There are two parts to the procedure: The lift of the detector assembly off the Detector Carriage, and movement of the detector assembly from the assembly hall floor to the truck for disposition.

This procedure will be used for the removal of the two DC/PC assemblies: one on the East Carriage, and one on the West carriage.

Note that the DC/PC assembly weighs an estimated 3200-lbs., including the attached cables.

2.0 Responsibilities

- 2.1 All operations shall be performed under the direction of the PHENIX Experimental Hall "Person-in-Charge" or his designee.
- 2.2 Due to the component value, as well as the inherent personnel risk involved in handling such large objects, this procedure and all relevant BNL safety guidelines must be strictly adhered to. In accordance with BNL policy, any individual may cease operations if they in any way feel unsafe or if they believe unsafe procedures are being followed. Such a complaint shall be reviewed by the cognizant engineer, and if necessary, BNL ES & H Services.

3.0 Prerequisites

3.1 All personnel involved in this procedure shall wear hard hats.

3.2 Personnel involved in this procedure shall wear safety shoes.

4.0 Precautions

4.1 Visitors shall not be permitted in the PEH during these procedures.

4.2 Some operations will require personnel to work in close proximity to suspended loads. Do not permit yourself or anyone else to be positioned under the load.

5.0 Equipment/Parts List

5.1 The following equipment, hardware, & parts are called for in various sections of this procedure:

Equipment/Rigging Hardware:

Slings (2): 20-ft., 6200-lb. capacity in vertical configuration
40-ton Assembly Hall crane

Chain Falls (2): rated at or above 3000Lb. each.

6.0 Preparations

Note: All lifting hardware shall be checked for current inspection stickers and shall be visually inspected for defects prior to each lift. Any items found to have expired inspection tags or any evidence of physical degradation shall be immediately removed from service and replaced with conforming hardware of the same capacity.

6.1 Disconnect all cables, gas, and water lines

6.2 “Pull” the DC detector out on its slides in the extended position and secure with clamps

- 6.3 Position a manlift to the south of the carriage and one to the north of the carriage.

7.0 Procedure

7.1 Rigging the Detector for removal

- 7.1.1 Attach one 20' length chainfall to the front center lift point on the DC with the other end anchored on the ground to the west.
- 7.1.2 Attach a 20' sling from the crane hook to the center lift point on the DC
- 7.1.3 Attach two 20' slings to be used later to the crane hook as well, with taglines to control them while not in use
- 7.1.4 Take the slack out of the vertical sling. Remove the rear support pins of the DC. Pull tension carefully on the ground chainfall to shift the center of gravity of the DC so it can be lowered to a horizontal position.
- 7.1.5 Attach the two chainfalls already on the hook to the "lower" DC liftpoints. Take out the slack and balance the load until the remaining two support pins holding it to the carriage can be removed.
- 7.1.6 Crane the now free DC around the east carriage and on to the truck for removal (after successful activation check).

DC Installation from 2001

